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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

<b>Attorney Docket Number</b>		ILD
<b>First Named Inventor</b>		Thomas E. Kretzschmar
<b>COMPLETE IF KNOWN</b>		
<b>Application Number</b>		/
<b>Filing Date</b>		
<b>Group Art Unit</b>		
<b>Examiner Name</b>		

**As a below named Inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTOUR LIGHT PROJECTOR

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

08098

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

**NAME OF SOLE OR FIRST INVENTOR :**

Given Name Thomas E. (first and middle [if any]) Family Name Kretzschmar

Inventor's Signature  Date 6/13/01

Residence: City Bellaire State Texas Country USA Citizenship USA

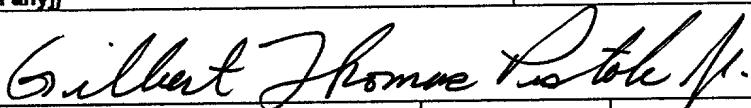
Mailing Address 107 Cherrywood Street

**Mailing Address**

City Bellaire State Texas ZIP 77401 Country USA

A petition has been filed for this unsigned inventor

**NAME OF SECOND INVENTOR:** Given Name Gilbert Thomas (first and middle [if any]) Family Name Pistole

Inventor's Signature  Date 6/13/01

Residence: City Katy State Texas Country USA Citizenship USA

Mailing Address 22422 Bucktrout Street

**Mailing Address**

City Katy State Texas ZIP 77449 Country USA

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Filed Herewith
First Named Inventor	Thomas E. Kretzschmar
Group Art Unit	
Examiner Name	
Attorney Docket Number	ILD

I hereby appoint:

Practitioners at Customer Number

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*OR*

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name Thomas E. Kretzschmar

Signature Thomas E. Kretzschmar

Date 6/13/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

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First Named Inventor	Thomas E. Kretzschmar
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Examiner Name	
Attorney Docket Number	ILD

I hereby appoint:

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OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name *Gilbert Thomas Pistole, Jr.*

Signature *Gilbert Thomas Pistole, Jr.*

Date *6-13-01*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of **2** forms are submitted.